

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

Lobbyists Registration Number

FOR OFFICE USE ONLY

Postmark Date: 12/29/1

REG

1981582

1. NAME SHOCKEY WILLIAM C.  
Last First MI
2. BUSINESS PHONE (504) 929-8929  
Area Code and Phone Number
3. BUSINESS ADDRESS P.O. Box 80286, Baton Rouge, LA 70898-0286  
Street and No. City State Zip
4. EMPLOYER ☒ SHOCKEY & ZIEHER, A. P.L.C.
5. EMPLOYER'S ADDRESS 5551 Corporate Boulevard, Suite 3-A, Baton Rouge, LA 70809  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name ☒ Louisiana Association of Self-Insured Employers ("LASIE")  
Address P.O. Box 4151, Baton Rouge, LA 70821  
Business or purpose protection of the right to self-insurer  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

562
Lobbyist's Registration Number

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

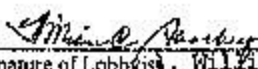
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared William C. Shockey, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist, William C. Shockey

Sworn to and subscribed before me on this 1st day of  
December, 19 97.

  
Notary Public

Rev. 8/97

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

